

OBJECTIVES: To estimate direct medical costs and treatment failure rates associated with use of systemic agents and phototherapy in moderate to severe psoriasis. **METHODS:** Patient-level claims data on use of psoriasis-related Health care services were obtained from a large New England payer. Patients with >1 claim listings a ICD-9-CM diagnosis code for psoriasis (696.0; 696.1) were eligible for inclusion. Eligible patients not receiving systemic treatments (methotrexate, cyclosporin A, acitretin) or phototherapy (ultraviolet B with or without tar or petrolatum; psoralen and ultraviolet A [PUVA]) were excluded. Treatment failure was defined as switch to nonrotational therapy, augmentation with nontopical therapies, discontinuation following up-titration, or discontinuation following hospitalization for psoriasis. Medical costs included those related to pharmacy (excluding OTC medication), institutional (inpatient and outpatient) care, and professional services. Mean costs within each service category, as well as 99th percentile costs, were estimated by treatment. **RESULTS:** A total of 2073 patients were included in the analysis. Over a 1-year period, approximately 21.7% of patients experienced treatment failure, with therapy switches accounting for most occurrences. Mean time to treatment failure ranged from 3–6 months. Per-patient annual pharmacy costs were lowest among methotrexate users (US\$257) and highest among cyclosporin users (US\$1992). The 99th percentile of annual pharmacy and institutional costs exceeded US\$10,000, while that of professional service costs was approximately US\$2,500. **CONCLUSIONS:** The high variability of direct medical costs among these patients reflects the heterogeneous and chronic nature of psoriasis. Overall, use of conventional systemic and light therapies for treatment of moderate to severe psoriasis was associated with frequent failure and high medical costs.

PSN8

COST-OF-ILLNESS STUDY IN PATIENTS SUFFERING FROM CHRONIC PLAQUE PSORIASIS IN GERMANY

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OBJECTIVES: Examining the economic impact of psoriasis vulgaris during the course of one year and due to a current skin deterioration (flare). **METHODS:** A multicenter, cross-sectional, retrospective, and prospective cost-of-illness study. Information such as demographic characteristics, frequency, and number of consultations, hospitalizations, rehabilitations, out-of-pocket expenditures and absence from work were collected by semi-standardized patient questionnaires and chart record reviews (12 months retrospectively; 6 weeks prospectively). Direct, medical and non-medical, and

indirect costs were considered from several perspectives: patients', third party payers' (TPP), societal. Inclusion criteria: moderate to severe chronic plaque psoriasis, age (18–65 years), ongoing flare, signed informed consent. **RESULTS:** Twelve office-based dermatologists and 5 outpatient departments in dermatology hospitals enrolled 227 patients, 56% with moderate and 44% with severe course of disease. Eighty-six percent of the patients responded to the questionnaire. Mean age was 47 years, 55% were male. On average, annually TPP reimbursed €835 per patient. Main cost drivers were prescribed medication (60%) and hospitalization (22%). Patients spent €596 p.a. mainly for additional treatments (26%) e.g. alternative therapy, OTC-medication/skin care (29%). Indirect costs per patient amounted to €1435 p.a., 92% related to early retirement/unemployment due to psoriasis. Total annual costs per patient were €2866, including €2658 per patient with moderate and €2852 per patient with severe course of disease. Due to the current flare 32% of the patients received systemic therapy and 61% were treated exclusively topically and/or with phototherapy. Direct medical costs (TPP) due to a current flare amounted to €195 per patient within 6 weeks; including €449 per patient treated with systemic drugs and €85 treated locally and/or with phototherapy. **CONCLUSION:** Patients and their families bear a sizeable amount themselves. Also, the burden for TPP and for society is noticeable. Costs increased remarkably for patients receiving systemic therapy.

SKIN DISORDERS—Quality of Life

PSN9

PREVALENCE AND QUALITY OF LIFE OF PATIENTS SUFFERING FROM INFLAMMATORY DERMATITIS (PSORIASIS, ECZEMA, ATOPIC DERMATITIS AND URTICARIA) IN FRANCE—INSTANT STUDY

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OBJECTIVES: To estimate the prevalence and the quality of life of subjects suffering from inflammatory dermatitis (ID) (psoriasis, eczema, atopic dermatitis and urticaria) in the French population of adults 18 years of age or older. **METHODS:** A population-based survey was conducted among 10,000 adults through personal face to face interviews by using the quota sampling method (applied on age, sex, economic working class and woman working status). The screening was made by asking the subjects if they have suffered from one of the 4 ID in the past 12 months or if they have been treated by at least one inflammatory dermatitis specific treatment from a pre-defined list. Subjects answering positively to one of these questions was considered as a "ID subject". The quality of life